

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2007

2007 FORM **MO-CRP**

• Read instructions. • Print or type. Failure to provide landlord information will

CERTIFICATION OF KENT FAID FOR 2007		INIO-CI	KF	result in denial of	delay	of your claim.		
SOCIAL SECURITY NUMBER	JMBER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.							
2. NAME	3	3. LANDLORD'S NAME, LAST FOUR DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)						
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)	L	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)						
CITY, STATE, AND ZIP CODE		4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) ()						
5. RENTAL PERIOD FROM: MONTH DURING YEAR	=:::	YEAR TO	O:	MONTH	Di	— YEAR 2007		
Enter your gross rent paid. Attach rent receiper or copies of cancelled checks (front and by Check the appropriate box and enter the control of the con	ack). If receiving housing assistant	ntire year, a stace, enter the am	atemen nount of	t from your landlord, rent YOU paid	6	00		
7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100%								
C. BOARDING HOME / RESIDENTIAL D. SKILLED OR INTERMEDIATE CAP								
☐ E. HOTEL If meals are included, enter☐ F. LOW INCOME HOUSING — 100%	— 50% ; Otherwise, enter — 100%		nomo \					
☐ G. SHARED RESIDENCE — If you sh	ared your rent with relatives and/or f	riends (other tl		ur spouse				
	appropriate box and enter percentagi percentage to be entered: 1 ((33%)	3 (25%)	7	%		
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a.						00		
MO 860-1089 (11-2007)	For Privacy Notice, se	e the instruc	tions			,00		

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2007		FORM	Form Failure to provide		ons. • Print or type. e landlord information will r delay of your claim.			
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.			ORD? YES NO			
2. NAME		3. LANDLORD'S NAME, LAST FOUR DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)						
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)						
CITY, STATE, AND ZIP CODE		4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) ()						
5. RENTAL PERIOD FROM: MONTH DURING YEAR	=:::	EAR 7	ГО:	MONTH	D	— YEAR 2007		
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid						00		
7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: 1 (50%) 2 (33%) 3 (25%) 7								
Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a.					8	00		